

State Form 4606 (R9 /11-99) Indiana Election Commission (IC 3-9-5-14)

Approved by State Board of Accounts 1999

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse

IS THIS AN AMENDMENT? Yes

Yes UNO

(CFA-4) Summary Sheet

FILENUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT

10

1. Full name of committee (as on Statement of Organization)	d R.S.
2. Acronym or abbreviated name, if any 3. Committee telephone number 3 (7) 8 4 2 - 9 5 2 3 4. Mailing address (address where all campaign finance correspondence is received) Check if this is a new address 5. City, state, ZIP code 6. Party affiliation (if applicable)	place place place place
4. Mailing address (address where all campaign finance correspondence is received) Check if this is a new address 3 (7) 8 (7) 2 3 4. Mailing address (address where all campaign finance correspondence is received) Check if this is a new address 3 (7) 8 (7) 2 3 4. Mailing address (address where all campaign finance correspondence is received) Check if this is a new address 5 (6) 7 (7) 8 (7) 7 (
4. Mailing address (address where all campaign finance correspondence is received) Check if this is a new address	dictor
5. City, state, ZIP code 6. Party affiliation (if applicable)	
5. City, state, ZIP code 6. Party affiliation (if applicable)	
CANDIDATE INFORMATION (For Candidate's Committees Only):	
7. Full name of candidate (include any nickname) 8. Party affiliation or if independent	
Daniel Edward Henke Dan lice publican	4.7
Office sought (Include district number, if any. Not required for exploratory committee.)	NET
Lishers Town Council District Hamilton	
TYPE OF REPORT CONVENTION CANDIDATES ONL'	
11. Check one:	
Pre-Primary Pre-Election Annual Final / Disbands Committee (lines 18, 19, and 20 must be "0")	1161
Under Convention Convention Under Convention	
12. Reporting period: COLUMN A COLUMN B From: COLUMN A COLUMN B This Period Year to Date	
Them.	
13. Cash on hand and investments at the beginning of this reporting period. 14. Cash on hand and investments January 1, current year.	
CONTRIBUTIONS AND RECEIPTS	A STATE OF
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.) 15a. Itemized (use Schedule A))
15b. Unitemized	
15c. Add lines 15a, and 15b in both columns subtrotal 2.050.00 2,050.00	F1 1974
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B TOTAL 2,650.00 2,050.00	,
EXPENDITURES	
(Note: These amounts include in-kind expenditures and loan repayments.)	
17a. Itemized (use Schedule B) (Public Question: use Schedule C)	
17b. Uniternized 16. 50 16. 50)
17c. Add lines 17a and 17b in both columns subtrotal 1,916.50 1,916.5	0
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns) TOTAL /33.50 /33.5	0
19. Debts OWED BY the committee (use Schedule D)	
20. Debts OWED TO the committee (use Schedule E)	

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I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

Signature on File

WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose.

(IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Class D Felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B Misdemeanor (IC 3-14-1-14) and may be subject to civil penalties (IC 3-9-4-16, 3-9-4-17, 3-9-4-18.)

FOR OFFICE USE ONLY





State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

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Page _	2	of	10	25 1.30

CONTRIBUTOR'S FULL NAME AND OCCUPATI FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
* Daniel E. Henke Karen J. Henke	Substantial Committee of the substantial Committee of the	50.00	50.00	1/21/03
FISHERS, IN 46 Contributor's Occupation (Frequired) DATA.	Other Receipts:	eni yna in notan antribulos a contribulos	enter the eccup lation for quit	Daniele Henke- Town Counc
2.	Contributions: Direct In-Kind (describe)	R FRENCH Signal	HOITUEIS Sous) believens	1400 RO B
Contributor's Occupation (if required)	Other Receipts: Interest □ Loan Misc (specify)	PERIOD: EM	SINT TMUC	DEN B CU
3. Lt. A number of young only as somes	Contributions: Direct In-Kind (describe)	calendar ye	fore to he	jus tanit edi
Contributor's Occupation (if required)	Other Receipts: Interest □Loan Misc (specify)	onth, day, sed any order, ND cash is now.	Dr. Enter the or the obseice or re- sourced wheel	bevisso edito s ets soatudi
4. If there is only one page of this Schedule,	Contributions: Direct In-Kind (describe)	CHEDULE I OF ALL PAGE	PAGE OF S	TOTAL THIS
Contributor's Occupation (if required)	Other Receipts: Interest It.can Misc (specify)	A SUUGERO Ine stugit eld v	AAGES OF S	enol no segas
S.	Contributions: Direct In-Kind (describe)			
Contributor's Occupation (if required)	Other Receipts: Interest Loan Misc (specify)			
TOTAL OF ALL PAGES ((Enter total on ITEM 15a	SUB TOTAL THIS PAGE OF SCHEDULE A DF SCHEDULE A ON THE LAST PAGE ONLY of the Summary Sheet)	\$50.00		



State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-2) CONTRIBUTIONS BY CORPORATIONS Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE. Please type or pint legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from corporations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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	totadition edi la omen liuf edi tril al eviteragni e	Other Receipts:	a contribute	gonelus nank	ORTANT:
2	etc.) For "misballaneous", be as specific as possible.	Contributions: Direct In-Kind (describe)	rigis trey es	dous) believes	C OF CONS
	ntributions; including in-land, transfers-in or other receipts	Other Receipts:	0- 07-9A3	SVITAJUR	LUMN B CU
3.	a B is the same as the entry in Column 14-	Contributions: Direct In-Kind (describe)	calendar y	does to mo	ger ferb ein
	et er deposited in en adquirt. For cash contrinuidate, the bar, MOT whee mailed at deposited in an account a contribution for the committee. (IC 3-8-1-26)	Other Receipts:	ney créeq 300 cath le acce compilles	the check or me actived when	TE CEVES
4	ge of Schools A. If Brench tray one page of the Schools.	Contributions: Direct In-Kind (describe)	CHEDULE OF ALL PAG	PAGE OF 8	TOTAL (MB
		Other Receipts: Interest □Loan □Misc (specify)	to anugli sirili t	the oalA .A elu	LIA 10 IA
i.		Contributions:			
		Other Receipts:			
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State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-3) CONTRIBUTIONS BY LABOR ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY LABOR ORGANIZATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from labor organizations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
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	Other Receipts:	suditines s	otseto nario	ORTANT
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sations, including in-land, translate-in or other receipts	Other Receipts: ☐ Interest ☐ Loan ☐ Misc (specify)	EAR-TO-E	HULATIVE	LUMN 8 CU
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State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-4) CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES ON THIS SCHEDULE Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from political action committees OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfersin and in-kind contributions regardless of the amount from political action committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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Page	5	of	10	73.5

	CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED
1.	The Friends of Fishers PAC P.O. Box 978	Contributions: Tolirect In-Kind (describe)	2,000.00	2,600.00	4-24-03
	Fishers, IN 46038	Other Receipts:			Daniele
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	it is impossive to list the full name of the contributor, perspirate box. For in-lind contributions describe in- general legs, etc.), For "miscellaneous", be as specific as possible.	Other Receipts: Interest □Loan Misc (specify)	OR OTHER as yent signs	Witso enland TRIBUTION provided (suc	PE OF COM
3.	tribution, including in-kind, transfera-in or other receipts \$3,500	Contributions: Direct In-Kind (describe)	e (GODFE)	OUNT THIS	LUMBN A AB
	s combiguous, misading in-ded, transfer of office recepts A single same as the entry in Column A.	Other Receipts:	Calondar	aver A.JUN.	UMAN 2 CO ndar year-to-da the first re
L.	salist or deposited in an account. For costs contributions, the namber, NOT when trailed or deposited in an account.	Contributions: Direct In-Kind (describe)	M ,astro yano castr is acci	The check of the street when	continue are are are
	a the contribution for the committee. (IC 3-9-1-25), a page of Schedule A. If there is only one page of this Schedule.	Other Receipts:	CHEDULE SCHEDULE OF ALL PACE	C: Enter libe S PAGE OF Les the TOTA	S GOVIDS ST JATOTS Sure is the conf
	. Jeans I	Contributions: Direct In-Kind (describe)	BLICETHUE TO BUE TOUR OF	PAGES OF	JUA 40 JAF
		Other Receipts: ☐ Interest ☐ Loan ☐ Misc (specify)			
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State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-5) CONTRIBUTIONS BY OTHER ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY ORGANIZATIONS OTHER THAN CORPORATIONS, LABOR ORGANIZATIONS, POLITICAL ACTION COMMITTEES AND INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from other entities OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of the amount from candidate's, legislative caucus, and regular party committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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	CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVE
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	ed. For checks and money orders indicate the date the or deposited to an account. For cash contributions, the se, MOT when mailed or deposited in an account.	Contributions: Direct In-Kind (describe)	only, day, and y	of Saler for an	RECEIVEL
	contribution for the committee. (IC 3-9-1-25) of Schedule A. If there is only one page of this Schedule.	Other Receipts:	nominse m	Enter the	SIVED BY
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State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE B) Itemized Expenditures

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INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet.All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
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DanHenkefor Judge e/oTim Lima 12683 Largo Drive Fishers, ZN46038	Hamilton Co. Judge - Superior Court 2	Purpose: transferout- forsudseaign	1,900.00	1,900.00	12/29/03
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State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE C) ITEMIZED EXPENDITURES

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Page	8	of.	10	

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. All cumulative expenses or transfers-out, regardless of amount paid to political committees supporting or opposing a public question, MUST be itemized on this schedule.

		PUBLIC QUESTION INFORMATION			
Enter Text of Public Question		are on the ballot, or the personal subje	anna i sa sail	noun sildus ori	To type out the
Type of Question: Statewide Lo	cal	the public question is statuwide or lo			
RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF EXPENDITURE	PURPOSE OF EXPENDITURE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
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State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE D) Debts Owed by This Committee

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INSTRUCTIONS: Please type or print legibly IN BLACK INIK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, OWED BY the committee during the reporting period. Include all amounts owed for or to lending institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

CREDITOR'S OR LENDER'S NAME & MAILING ADDRESS (street, number, city, state, ZIP code)	ENDORSER'S OR VENDOR'S NAME & MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	AMOUNT NATURE OF DEBT	DATE DEBT INCURRED	CUMULATIVE PAID YEAR-TO-DATE	OUTSTAND BALANCE PERIOD
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	258: Enter the full name or	ROCIA SHLIIAM C	S NAME AN	RODENDOR	D STREET
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State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

BORROWER'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)

(CFA-4 SCHEDULE E) DEBTS OWED TO THIS COMMITTEE

FILE NUMBER

INSTRUCTIONS: Please type or print legibly IN BL this schedule, see instructions on the reverse side. committee during the reporting period. Inc

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